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Approved for \$ †	(Authorized Co	ertifying Officer)	
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THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT W			

CONTINUATION SHEET

No. and Date of Order	Date of	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
	Delivery or Service			Cost	Per	Dollars	Cts
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		Direct Costs Properly Chargeable to Contract A-101 for the period 12/23 thru 12/31/57		e		, .	
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